

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/596641

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2						
3	6					
4	6					
5	6					
6	6					
7						
8						
9						
10						
11						
12						
13						
14						
15						
16	1					
17	1					
18	1					
19						
20						
21						
22						
23	1					
24			1			
25			1			
26			1			
27			1			
28			1			
29			1			
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31			1			
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33			1			
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37			1			
38			1			
39			1			
40			1			
41			1			
42			1			
43			1			
44			1			
45			1			
46			1			
47			1			
48			1			
49			1			
50			1			
TOTAL IND.			4			
TOTAL DEP.			14			
TOTAL CLAIMS			18			

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
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99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						